

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233  
(804) 367-0186



**Boxing & Wrestling**  
**WRESTLING PROMOTER LICENSE APPLICATION**  
**Fee \$500.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or  
a completed credit card insert must be mailed with your application package.  
APPLICATION FEES ARE NOT REFUNDABLE.**

1. Promoter's Business Name \_\_\_\_\_
2. Promoter's Trade Name \_\_\_\_\_
3. Federal Employer Identification No. 

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Sole Proprietor's Social Security No. \* 

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4. Date of Birth \_\_\_\_\_
5. Street Address (PO Box not accepted) \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
6. E-mail Address \_\_\_\_\_
7. Telephone & Facsimile Numbers 

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Telephone Facsimile Beeper/Cellular
8. Type of Business (select only one)  
Sole Proprietorship ☐  
General Partnership ☐  
Limited Partnership ☐  
Association ☐  
Limited Liability Company ☐  
Corporation ☐
9. Responsible Management (sole proprietor, partners of a general partnership, general partners of a limited partnership, officers/directors of an association, managers of a limited liability company, or officers of a corporation).

Last Name	First Name	MI	Title	Social Security No.	Birth Date

10. Does your business or any member of your Responsible Management have a current or expired Virginia wrestling license?  
No ☐  
Yes ☐ If yes, complete the following table.

Business/Individual's Name	License, Certificate, Registration No.	Expiration Date
	4 1	
	4 1	
	4 1	

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				4 1 0 6	

11. Does your business or any member of your Responsible Management have a current or expired wrestling license, certification or registration in another jurisdiction?

No ☐

Yes ☐ If yes, complete the following table.

Business/Individual's Name	State	License, Certification or Registration No.	Expiration Date

12. Has any (including Virginia) local, state or national regulatory body ever taken a disciplinary action against your business or any member of your responsible management in connection with participating in, or promoting a professional athletic contest or activity?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Has your business or any member of your responsible management been convicted or found guilty regardless of adjudication or deferred adjudication, of any felony or misdemeanor? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.*

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14. Has your business or any member of your responsible management ever been convicted or found guilty of any charge of material misrepresentation while engaged in boxing, wrestling or other athletic activities?

No ☐

Yes ☐ If yes, please attach a record of conviction, authenticated in such form as to be admissible as evidence under the laws of the jurisdiction where convicted.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Department's decision to approve my application. I certify that I will notify the Department and its agent if the business or any member of responsible management is subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to boxing and wrestling under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing and Wrestling Regulations*.

**Responsible Management Signatures** (include the signatures of all the individuals listed in #9)

Signature	_____	Date	_____
Signature	_____	Date	_____
Signature	_____	Date	_____
Signature	_____	Date	_____

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.